

ARLINGTON RECREATION REGISTRATION (please print)

Participants First Name: _____ Last Name: _____
Male / Female (please circle) Age: _____ DOB: _____ Grade: _____ School _____
Primary Guardian: _____ Home Phone: _____
Address: _____ Emergency Name: _____
Town, State, Zip: _____ Emergency Phone: _____

CLASS	CODE	SECTION	TIME	FEE
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- ☐ I would like to contribute \$ _____ to Arlington Recreation's Scholarship Fund
☐ I would like to volunteer for _____ Name _____

Please note any allergies, medications, or physical limitations: _____

I, the undersigned parent/guardian of _____, a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Arlington-Recreation Division. I also agree to forever release the Town of Arlington, Arlington Recreation, and all their employees, agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Arlington-Recreation Division ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Arlington-Recreation Division's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Arlington-Recreation Division's athletic and recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Arlington-Rec. athletic or rec. programs.

SIGNATURE _____ **CHECKS PAYABLE: ARLINGTON RECREATION**

Credit Card Payment only for MC or VISA: Card # _____

EXP. DATE _____ **CARDHOLDER SIGNATURE** _____

How did you receive this brochure (circle)? Rec Office Mail On-Line School _____ Other _____